

Trans. by E.L. 53

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| | MASSHEALTH | | |
| | UNIVERSAL ELIGIBILITY REQUIREMENTS | Chapter | 503 |
| Rev. 11/13/98 | | Page | 503.000 |

TABLE OF CONTENTS

Section

- 503.001: Universal Eligibility Requirements
- 503.002: Residence Requirements
- 503.003: Social Security Number (SSN)
- 503.004: Assignment of Rights to Medical Support and Third-Party Payments
- 503.005: Good Cause for Noncooperation
- 503.006: Assignment for Third-Party Recoveries
- 503.007: Potential Sources of Health Care

Trans. by E.L. 88

| | | | |
|----------------------|---|----------------|----------------|
| | MASSHEALTH | | |
| | UNIVERSAL ELIGIBILITY REQUIREMENTS | Chapter | 503 |
| Rev. 11/01/01 | | Page | 503.001 |

503.001: Universal Eligibility Requirements

MassHealth applicants and members must meet all of the requirements of 130 CMR 503.000 as a condition of eligibility.

503.002: Residence Requirements

(A) As a condition of eligibility, an applicant or member must live in the Commonwealth with the intent to remain permanently or for an indefinite period, but is not required to maintain a permanent residence or fixed address.

(B) Examples of applicants or members who do not meet the residency requirement for MassHealth are:

- (1) students under age 19 whose parents live out of state;
- (2) individuals who came to Massachusetts for the purpose of receiving medical care in a setting other than a nursing facility, and who maintain a residence outside of Massachusetts; and
- (3) persons whose whereabouts are unknown.

(C) Inmates of penal institutions may not receive MassHealth benefits except under one of the following conditions, if they are otherwise eligible for MassHealth:

- (1) they are inpatients in a medical facility; or
- (2) they are living outside of the penal institution, are on parole, probation, or home release, and are not returning to the institution for overnight stays.

503.003: Social Security Number (SSN)

(A) Requirements.

- (1) As a condition of eligibility for MassHealth, except for MassHealth Limited coverage, all persons applying in the family group must furnish an SSN. The applicant is notified of the obligation to apply for an SSN for any person applying in the family group.
- (2) The Division verifies each SSN by a computer match with the Social Security Administration.

(B) Right to Know Uses of Social Security Numbers. All family groups are given a written notice of the following:

- (1) the reason the SSNs are requested;

Trans. by E.L. 53

| | | | |
|----------------------|---|----------------|----------------|
| | MASSHEALTH | | |
| | UNIVERSAL ELIGIBILITY REQUIREMENTS | Chapter | 503 |
| Rev. 11/13/98 | | Page | 503.004 |

(2) the computer matching of SSNs with SSNs in other personal data files within the Division, other government agencies, and elsewhere; and

(3) the possible denial or termination of benefits, except for Limited coverage, if any applicant or member fails to provide his or her SSN.

503.004: Assignment of Rights to Medical Support and Third-Party Payments

(A) Every legally able applicant or member must assign to the Division his or her rights to medical support and third-party payments for medical benefits provided under MassHealth as well as the rights of applicants or members for whom he or she can legally assign medical support and third-party payments.

(B) The applicant or member must fully cooperate with and provide the Division with information to help pursue any medical support and source of third-party payment, including the absent parent, who is legally obligated to pay for care and services for the applicant or member, or person on whose behalf benefits are requested, unless he or she can show good cause not to cooperate or provide this information.

(C) Refusing to comply with the requirements of 130 CMR 503.004 will exclude the applicant or member from receipt of MassHealth benefits unless the applicant or member demonstrates good cause, as described in 130 CMR 503.005, or is a pregnant woman who meets the requirements of 130 CMR 505.002(E).

503.005: Good Cause for Noncooperation

Good cause for noncooperation is present if at least one of the following circumstances exists regarding the child of the applicant or member:

(A) the child was conceived as a result of incest or forcible rape;

(B) legal proceedings for adoption are pending before a court;

(C) a public agency or licensed facility is assisting in resolving the issue of adoption and discussions have not lasted longer than three months; or

(D) cooperation would result in serious harm or emotional impairment to the child, the relative with whom the child resides, or to the applicant or member.

Trans. by E.L. 120**MASSHEALTH
UNIVERSAL ELIGIBILITY REQUIREMENTS****Chapter 503
Page 503.006**

Rev. 03/01/04503.006: Assignment for Third-Party Recoveries

As a condition of eligibility, an applicant or member must inform any MassHealth Enrollment Center when a family group member is involved in an accident, or suffers from an illness or injury, or other loss that has resulted or may result in a lawsuit or insurance claim. The applicant or member must:

- (A) file an insurance claim for compensation, if available; and
- (B) agree to comply with all requirements of M.G.L. c. 118E, s. 22 including, but not limited to:
 - (1) assigning to MassHealth or its agent the right to recover an amount equal to the MassHealth benefits provided from the proceeds of any claim or other proceeding against a third party;
 - (2) providing information about the claim or any other proceeding and cooperating fully with MassHealth or its agent, unless MassHealth determines that cooperation would not be in the best interests of, or would result in serious harm or emotional impairment to, the applicant or member;
 - (3) notifying any MassHealth Enrollment Center in writing within 10 days of filing any claim, civil action, or other proceeding; and
 - (4) repaying MassHealth from the money received from a third party for all MassHealth benefits provided on or after the date of the accident or other incident. If the member is involved in an accident or other incident after becoming MassHealth eligible, repayment will be limited to MassHealth benefits provided as a result of the accident or incident.

503.007: Potential Sources of Health Care

MassHealth is the payor of last resort and pays for health care and related services only when no other source of payment is available, except as otherwise required by federal law.

(A) Health Insurance. Every applicant and member must obtain and maintain available group health insurance in accordance with 130 CMR 505.000 et seq and 507.003. Failure to do so may result in loss or denial of eligibility for all individuals within the family group unless the applicant or member is:

- (1) receiving MassHealth Standard or MassHealth CommonHealth; and
- (2) under age 19 or pregnant.

(B) Use of Benefits. MassHealth does not pay for any health care and related services that are available:

- (1) through the member's health insurance, if any; or
- (2) at no cost to the member including, but not limited to, any such services that are available through any agency of the local, state, or federal government, or any entity legally obligated to provide those services.